

EMORY HEALTHCARE

Thank you for choosing Emory Crawford Long Hospital. Welcome to the Emergency Department, please complete the following information:



Please notify us if you are having any of the following:

- Chest Pain
- Shortness of Breath
- Cough with Fever
- Illness as a result of Out of Country Travel

PLEASE PRINT

Today's Date: _____ Time: _____

Legal Name: _____
(Exactly as it appears on Driver's License or State ID)

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____

Reason for Visit: _____

Your Doctor's Name: _____

Are you having any pain? Y/N If yes, Where: _____

Are you Pregnant? Y/N If yes, Due Date: _____